

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

WESTERN REPRESENTATION PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		99157.01
(b) Cash on Hand at Beginning of Reporting Period.....	-1502.72	
(c) Total Receipts (from Line 19)	42765.61	90678.19
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	41262.89	189835.20
7. Total Disbursements (from Line 31).....	42152.54	190724.85
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	-889.65	-889.65
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

WESTERN REPRESENTATION PAC

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	6100.00	11095.00
(ii) Unitemized	26632.32	68299.90
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	32732.32	79394.90
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	32732.32	79394.90
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	10033.29	11283.29
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	42765.61	90678.19
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	42765.61	90678.19

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	42152.54	188648.61
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	42152.54	188648.61
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	2076.24
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	42152.54	190724.85
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	42152.54	190724.85

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	32732.32	79394.90
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	32732.32	79394.90
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	42152.54	188648.61
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	42152.54	188648.61

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

A. Mary Benson
Full Name (Last, First, Middle Initial)

Mailing Address 3161 Glencrest Drive

City Glendale	State CA	Zip Code 91208
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer WDI	Occupation ENGINEER
-------------------------	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 10 / 2013

Transaction ID : SA11AI.7899

Amount of Each Receipt this Period
100.00

B. Mary Benson
Full Name (Last, First, Middle Initial)

Mailing Address 3161 Glencrest Drive

City Glendale	State CA	Zip Code 91208
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer WDI	Occupation ENGINEER
-------------------------	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 16 / 2013

Transaction ID : SA11AI.7898

Amount of Each Receipt this Period
100.00

C. Mary Benson
Full Name (Last, First, Middle Initial)

Mailing Address 3161 Glencrest Drive

City Glendale	State CA	Zip Code 91208
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer WDI	Occupation ENGINEER
-------------------------	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 25 / 2013

Transaction ID : SA11AI.7897

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 41
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

Full Name (Last, First, Middle Initial)
A. Michael Bernstein

Mailing Address 7609 Barton Rock Court

City State Zip Code
Las Vegas NV 89113

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 13 / 2013
Transaction ID : SA11AI.7855

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Andrew Borom

Mailing Address 4492 Rhoden Cove Lane

City State Zip Code
Tallahassee FL 32312

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
TALLAHASSEE ORTHOPEDIC CLINIC ORTHOPEDIC SURGEON

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 24 / 2013
Transaction ID : SA11AI.7289

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Mariann G Burgess

Mailing Address 4 Mobile Ct

City State Zip Code
Yerington NV 89447

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Information Requested Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 18 / 2013
Transaction ID : SA11AI.8531

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 375.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

A. Mariann G Burgess
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 Mobile Ct
 City Yerington State NV Zip Code 89447
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 11 / 2013
Transaction ID : SA11AI.8532
 Amount of Each Receipt this Period
 100.00

B. Mariann G Burgess
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 Mobile Ct
 City Yerington State NV Zip Code 89447
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 03 / 2013
Transaction ID : SA11AI.8533
 Amount of Each Receipt this Period
 100.00

C. Todd Emerine
 Full Name (Last, First, Middle Initial)
 Mailing Address 523 Westbury Drive
 City Grapevine State TX Zip Code 76051
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation RETIRED RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : SA11AI.7591
 Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional).....▶	225.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

A. Joseph Fischer
Full Name (Last, First, Middle Initial)

Mailing Address 301 Widgeon Drive

City State Zip Code
Hampstead NC 28443

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF PHYSICIAN-RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
08 / 06 / 2013
Transaction ID : SA11AI.7189

Amount of Each Receipt this Period
25.00

B. Herrmann Glockler
Full Name (Last, First, Middle Initial)

Mailing Address 3265 Sierra Crest Way

City State Zip Code
Reno NV 89519

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED ENGINEER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
10 / 25 / 2013
Transaction ID : SA11AI.7873

Amount of Each Receipt this Period
50.00

C. Herrmann Glockler
Full Name (Last, First, Middle Initial)

Mailing Address 3265 Sierra Crest Way

City State Zip Code
Reno NV 89519

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED ENGINEER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
11 / 12 / 2013
Transaction ID : SA11AI.7872

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 125.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

A. Herrmann Glockler
Full Name (Last, First, Middle Initial)

Mailing Address 3265 Sierra Crest Way

City Reno State NV Zip Code 89519

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation ENGINEER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 12 / 20 / 2013
Transaction ID : SA11AI.8414

Amount of Each Receipt this Period 50.00

B. LEE M HOLMES
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box AR

City HAGATNA State GU Zip Code 96932

FEC ID number of contributing federal political committee. **C**

Name of Employer SOUTHERN MEDIA, INC. Occupation MANAGER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt 07 / 15 / 2013
Transaction ID : SA11AI.8043

Amount of Each Receipt this Period 250.00

C. LEE M HOLMES
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box AR

City HAGATNA State GU Zip Code 96932

FEC ID number of contributing federal political committee. **C**

Name of Employer SOUTHERN MEDIA, INC. Occupation MANAGER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 690.00

Date of Receipt 08 / 12 / 2013
Transaction ID : SA11AI.8042

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 550.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 41
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

A. LEE M HOLMES
Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box AR

City HAGATNA	State GU	Zip Code 96932
FEC ID number of contributing federal political committee. C		
Name of Employer SOUTHERN MEDIA, INC.	Occupation MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 790.00	

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 04 / 2013

Transaction ID : SA11AI.8041

Amount of Each Receipt this Period
100.00

B. LEE M HOLMES
Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box AR

City HAGATNA	State GU	Zip Code 96932
FEC ID number of contributing federal political committee. C		
Name of Employer SOUTHERN MEDIA, INC.	Occupation MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 890.00	

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 10 / 2013

Transaction ID : SA11AI.8040

Amount of Each Receipt this Period
100.00

C. LEE M HOLMES
Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box AR

City HAGATNA	State GU	Zip Code 96932
FEC ID number of contributing federal political committee. C		
Name of Employer SOUTHERN MEDIA, INC.	Occupation MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1140.00	

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 04 / 2013

Transaction ID : SA11AI.8039

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	450.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 41
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

A. LEE M HOLMES
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box AR

City HAGATNA	State GU	Zip Code 96932
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FEC ID number of contributing federal political committee. **C**

Name of Employer SOUTHERN MEDIA, INC.	Occupation MANAGER
------------------------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1390.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	27	/	2013

Transaction ID : SA11AI.8038

Amount of Each Receipt this Period
250.00

B. LEE M HOLMES
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box AR

City HAGATNA	State GU	Zip Code 96932
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FEC ID number of contributing federal political committee. **C**

Name of Employer SOUTHERN MEDIA, INC.	Occupation MANAGER
------------------------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1490.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2013

Transaction ID : SA11AI.8037

Amount of Each Receipt this Period
100.00

C. LEE M HOLMES
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box AR

City HAGATNA	State GU	Zip Code 96932
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FEC ID number of contributing federal political committee. **C**

Name of Employer SOUTHERN MEDIA, INC.	Occupation MANAGER
------------------------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1740.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	02	/	2013

Transaction ID : SA11AI.8036

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	600.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

A. Noel Holub
 Full Name (Last, First, Middle Initial)
 Mailing Address 5805 Indianwood Lane
 City Fort Worth State TX Zip Code 76132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FTI INDUSTRIES, INC. Occupation MANAGEMENT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 250.00

Date of Receipt
 10 / 08 / 2013
Transaction ID : SA11AI.8346
 Amount of Each Receipt this Period
 250.00

B. Martha Hoots
 Full Name (Last, First, Middle Initial)
 Mailing Address Box 36
 City Deeth State NV Zip Code 89823
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation SELF
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 300.00

Date of Receipt
 10 / 07 / 2013
Transaction ID : SA11AI.7876
 Amount of Each Receipt this Period
 100.00

C. Donald Jackson
 Full Name (Last, First, Middle Initial)
 Mailing Address 7977 S 7320 West
 City West Jordan State UT Zip Code 84081
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ATK Occupation ENGINEER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 250.00

Date of Receipt
 09 / 12 / 2013
Transaction ID : SA11AI.7793
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 600.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 41
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

Full Name (Last, First, Middle Initial) A. George Jernigan		Date of Receipt MM / DD / YYYY 11 / 07 / 2013 Transaction ID : SA11AI.7197
Mailing Address 6634 Windwan Dr		Amount of Each Receipt this Period 100.00
City Columbia	State SC	Zip Code 29209
FEC ID number of contributing federal political committee. C		
Name of Employer BOEING	Occupation PILOT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Brent Jones		Date of Receipt MM / DD / YYYY 09 / 02 / 2013 Transaction ID : SA11AI.8444
Mailing Address 756 El Pintado Rd		Amount of Each Receipt this Period 1000.00
City Danville	State CA	Zip Code 94526
FEC ID number of contributing federal political committee. C		
Name of Employer NORTHGATE CAPITAL	Occupation FUND MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Christopher Landis		Date of Receipt MM / DD / YYYY 07 / 27 / 2013 Transaction ID : SA11AI.7645
Mailing Address 3807 Cypresswood		Amount of Each Receipt this Period 250.00
City Spring	State TX	Zip Code 77388
FEC ID number of contributing federal political committee. C		
Name of Employer HNC AMUSEMENTS, INC.	Occupation MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	1350.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

A. Christopher Landis
Full Name (Last, First, Middle Initial)

Mailing Address 3807 Cypresswood

City Spring State TX Zip Code 77388

FEC ID number of contributing federal political committee. **C**

Name of Employer HNC AMUSEMENTS, INC. Occupation MANAGER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 18 / 2013

Transaction ID : SA11AI.8355

Amount of Each Receipt this Period
 250.00

B. Christopher Landis
Full Name (Last, First, Middle Initial)

Mailing Address 3807 Cypresswood

City Spring State TX Zip Code 77388

FEC ID number of contributing federal political committee. **C**

Name of Employer HNC AMUSEMENTS, INC. Occupation MANAGER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2013

Transaction ID : SA11AI.8353

Amount of Each Receipt this Period
 100.00

C. David Lichtenfelt
Full Name (Last, First, Middle Initial)

Mailing Address 23 Wedgewood Drive

City Greenville State SC Zip Code 29609

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation SELF

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 26 / 2013

Transaction ID : SA11AI.7211

Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional).....▶	400.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

Full Name (Last, First, Middle Initial)
A. Beverly Rasmussen

Mailing Address **PO Box 1500 PMB 130**

City **Brookings** State **OR** Zip Code **97415**

FEC ID number of contributing federal political committee. **C**

Name of Employer **None** Occupation **Retired**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 01 / 2013

Transaction ID : SA11AI.8467

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
B. Amy Rice

Mailing Address **1410 BARRINGTON DR**

City **Coppell** State **TX** Zip Code **75019**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NONE** Occupation **RETIRED**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 04 / 2013

Transaction ID : SA11AI.7564

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
C. George Skakel

Mailing Address **81 Holly Hill Lane**

City **Greenwich** State **CT** Zip Code **06830**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF** Occupation **BUSINESSMAN**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 07 / 2013

Transaction ID : SA11AI.7001

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	350.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

Full Name (Last, First, Middle Initial)
A. Roger A Stockton

Mailing Address 17000 Wedge Pkwy Unit 821

City Reno	State NV	Zip Code 89511
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Western Representation PAC	Occupation Director
------------------------------------------------	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2013

Transaction ID : SA11AI.8534

Amount of Each Receipt this Period
400.00

Full Name (Last, First, Middle Initial)
B. Nancy Sweatt

Mailing Address P O Box 3087

City Santa Cruz	State CA	Zip Code 95063
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	29	/	2013

Transaction ID : SA11AI.7999

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. Nancy Sweatt

Mailing Address P O Box 3087

City Santa Cruz	State CA	Zip Code 95063
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
235.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2013

Transaction ID : SA11AI.7998

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional).....▶	450.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 41
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

Full Name (Last, First, Middle Initial)
A. Nancy Sweatt

Mailing Address P O Box 3087

City State Zip Code
Santa Cruz CA 95063

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 28 / 2013
Transaction ID : SA11AI.7996

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. Nancy Sweatt

Mailing Address P O Box 3087

City State Zip Code
Santa Cruz CA 95063

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
285.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 28 / 2013
Transaction ID : SA11AI.7997

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. Nancy Sweatt

Mailing Address P O Box 3087

City State Zip Code
Santa Cruz CA 95063

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
310.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 07 / 2013
Transaction ID : SA11AI.7995

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

Full Name (Last, First, Middle Initial)
A. Nancy Sweatt

Mailing Address P O Box 3087

City Santa Cruz	State CA	Zip Code 95063
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FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **335.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 25 / 2013

Transaction ID : SA11AI.7994

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. Nancy Sweatt

Mailing Address P O Box 3087

City Santa Cruz	State CA	Zip Code 95063
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FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 09 / 2013

Transaction ID : SA11AI.7993

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. Nancy Sweatt

Mailing Address P O Box 3087

City Santa Cruz	State CA	Zip Code 95063
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **385.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 14 / 2013

Transaction ID : SA11AI.7992

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

Full Name (Last, First, Middle Initial)
A. Nancy Sweatt

Mailing Address P O Box 3087

City Santa Cruz State CA Zip Code 95063

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **410.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 16 / 2013

Transaction ID : SA11AI.7991

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. Nancy Sweatt

Mailing Address P O Box 3087

City Santa Cruz State CA Zip Code 95063

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **435.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 16 / 2013

Transaction ID : SA11AI.7990

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. Nancy Sweatt

Mailing Address P O Box 3087

City Santa Cruz State CA Zip Code 95063

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **460.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 29 / 2013

Transaction ID : SA11AI.7989

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **75.00**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 41
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

Full Name (Last, First, Middle Initial)
A. Maurice Talbot

Mailing Address 144 Weyants Lane

City Newburgh State NY Zip Code 12550

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : SA11AI.7044

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
B. Maurice Talbot

Mailing Address 144 Weyants Lane

City Newburgh State NY Zip Code 12550

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2013
Transaction ID : SA11AI.7043

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
C.

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	100.00
TOTAL This Period (last page this line number only).....▶	6100.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 41
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

Full Name (Last, First, Middle Initial)
A. DB Capitol Strategies

Mailing Address 209 Pennsylvania Ave. SE
Suite 2109

City Washington State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **394.04**

Date of Receipt **10 / 04 / 2013**
Transaction ID : SA17.8646

Amount of Each Receipt this Period **229.90**

Carey Contribution (list rental)

Full Name (Last, First, Middle Initial)
B. DRAFT NEWT

Mailing Address 717 KING STREET SUITE 300

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C C00550772**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **477.00**

Date of Receipt **10 / 17 / 2013**
Transaction ID : SA17.8649

Amount of Each Receipt this Period **477.00**

Carey Contribution (List Rental)

Full Name (Last, First, Middle Initial)
C. FRIENDS OF NANCY MACE

Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186

City CHARLESTON State SC Zip Code 29492

FEC ID number of contributing federal political committee. **C C00549295**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **603.36**

Date of Receipt **08 / 29 / 2013**
Transaction ID : SA17.8645

Amount of Each Receipt this Period **603.36**

Carey Contribution (list rental)

SUBTOTAL of Receipts This Page (optional)..... **1310.26**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 23 OF 41
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

Full Name (Last, First, Middle Initial) A. FRIENDS OF NANCY MACE		Date of Receipt
Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186		<input type="text" value="09"/> / <input type="text" value="06"/> / <input type="text" value="2013"/>
City State Zip Code CHARLESTON SC 29492		Transaction ID : SA17.8644
FEC ID number of contributing federal political committee. <input type="text" value="C"/> <input type="text" value="C00549295"/>		Amount of Each Receipt this Period <input type="text" value="4.54"/>
Name of Employer	Occupation	Carey Contribution (list rental)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="607.90"/>	

Full Name (Last, First, Middle Initial) B. FRIENDS OF NANCY MACE		Date of Receipt
Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186		<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2013"/>
City State Zip Code CHARLESTON SC 29492		Transaction ID : SA17.8647
FEC ID number of contributing federal political committee. <input type="text" value="C"/> <input type="text" value="C00549295"/>		Amount of Each Receipt this Period <input type="text" value="52.17"/>
Name of Employer	Occupation	Carey Contribution (list rental)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="660.07"/>	

Full Name (Last, First, Middle Initial) C. FRIENDS OF NANCY MACE		Date of Receipt
Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2013"/>
City State Zip Code CHARLESTON SC 29492		Transaction ID : SA17.8640
FEC ID number of contributing federal political committee. <input type="text" value="C"/> <input type="text" value="C00549295"/>		Amount of Each Receipt this Period <input type="text" value="92.99"/>
Name of Employer	Occupation	Carey Contribution (list rental)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="753.06"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="149.70"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 24 OF 41
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

A. FRIENDS OF NANCY MACE
Full Name (Last, First, Middle Initial)
Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186

City CHARLESTON	State SC	Zip Code 29492
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00549295

Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 821.10

Date of Receipt
12 / 11 / 2013
Transaction ID : SA17.8658

Amount of Each Receipt this Period
68.04

Carey Contribution (list rental)

B. FRIENDS OF NANCY MACE
Full Name (Last, First, Middle Initial)
Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186

City CHARLESTON	State SC	Zip Code 29492
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00549295

Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1484.79

Date of Receipt
12 / 19 / 2013
Transaction ID : SA17.8657

Amount of Each Receipt this Period
663.69

Carey Contribution (list rental)

C. FRIENDS OF NANCY MACE
Full Name (Last, First, Middle Initial)
Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186

City CHARLESTON	State SC	Zip Code 29492
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00549295

Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1933.91

Date of Receipt
12 / 21 / 2013
Transaction ID : SA17.8641

Amount of Each Receipt this Period
449.12

Carey Contribution (list rental)

SUBTOTAL of Receipts This Page (optional).....▶	1180.85
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 25 OF 41
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

Full Name (Last, First, Middle Initial)
A. Grow Your Campaign LLC

Mailing Address PO Box 17253

City State Zip Code
Arlington VA 22216

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1068.34

Date of Receipt
MM / DD / YYYY
11 / 06 / 2013

Transaction ID : SA17.8638

Amount of Each Receipt this Period
1068.34

Carey Contributions (List Rental)

Full Name (Last, First, Middle Initial)
B. SPECIAL OPERATIONS SPEAKS PAC - SOS PAC

Mailing Address 103 PAMLICO PLACE

City State Zip Code
CHOCOWINITY NC 27817

FEC ID number of contributing federal political committee. **C** C00524280

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2660.00

Date of Receipt
MM / DD / YYYY
08 / 06 / 2013

Transaction ID : SA17.8643

Amount of Each Receipt this Period
2660.00

Carey Contribution (list rental)

Full Name (Last, First, Middle Initial)
C. Stockton Strategies

Mailing Address 13492 Research Blvd Suite 129 #297

City State Zip Code
Austin TX 78750

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3500.00

Date of Receipt
MM / DD / YYYY
07 / 01 / 2013

Transaction ID : SA17.8656

Amount of Each Receipt this Period
3500.00

Carey Contribution (list rental)

SUBTOTAL of Receipts This Page (optional).....▶	7228.34
TOTAL This Period (last page this line number only).....▶	9869.15

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

Full Name (Last, First, Middle Initial)

A. Jay Batman

Mailing Address 4345 28th St #43

City Lubbock State TX Zip Code 79410

Purpose of Disbursement
Copyright Service

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 30 / 2013

Transaction ID : SB21B.8602

Amount of Each Disbursement this Period

800.00

Full Name (Last, First, Middle Initial)

B. Greg Campbell

Mailing Address 1553 Rusty Ridge Lane

City Henderson State NV Zip Code 89002

Purpose of Disbursement
Copyright Service

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
08 / 26 / 2013

Transaction ID : SB21B.8595

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. Greg Campbell

Mailing Address 1553 Rusty Ridge Lane

City Henderson State NV Zip Code 89002

Purpose of Disbursement
Copyright Service

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
09 / 02 / 2013

Transaction ID : SB21B.8596

Amount of Each Disbursement this Period

300.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

1350.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

Full Name (Last, First, Middle Initial)

A. Godaddy.com

Mailing Address 14455 N. Hayden Rd

City State Zip Code
Scottsdale AZ 85260

Purpose of Disbursement
Website Hosting

004
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.8581

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Godaddy.com

Mailing Address 14455 N. Hayden Rd

City State Zip Code
Scottsdale AZ 85260

Purpose of Disbursement
Website Hosting

004
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.8582

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Godaddy.com

Mailing Address 14455 N. Hayden Rd

City State Zip Code
Scottsdale AZ 85260

Purpose of Disbursement
Website Hosting

004
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.8583

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

Full Name (Last, First, Middle Initial)

A. Godaddy.com

Mailing Address 14455 N. Hayden Rd

City State Zip Code
Scottsdale AZ 85260

Purpose of Disbursement
Website Hosting

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.8585

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Godaddy.com

Mailing Address 14455 N. Hayden Rd

City State Zip Code
Scottsdale AZ 85260

Purpose of Disbursement
Website Hosting

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.8586

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Godaddy.com

Mailing Address 14455 N. Hayden Rd

City State Zip Code
Scottsdale AZ 85260

Purpose of Disbursement
Website Hosting

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.8587

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

Full Name (Last, First, Middle Initial)

A. Godaddy.com

Mailing Address 14455 N. Hayden Rd

City State Zip Code
Scottsdale AZ 85260

Purpose of Disbursement
Website Hosting

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.8588

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Godaddy.com

Mailing Address 14455 N. Hayden Rd

City State Zip Code
Scottsdale AZ 85260

Purpose of Disbursement
Website Hosting

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.8589

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Godaddy.com

Mailing Address 14455 N. Hayden Rd

City State Zip Code
Scottsdale AZ 85260

Purpose of Disbursement
Website Hosting

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.8590

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

Full Name (Last, First, Middle Initial)

A. Godaddy.com

Mailing Address 14455 N. Hayden Rd

City State Zip Code
Scottsdale AZ 85260

Purpose of Disbursement
Website Hosting

004
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.8591

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Innovative Networks Inc

Mailing Address 1811 Newman Pl

City State Zip Code
Carson City NV 89703

Purpose of Disbursement
Web Hosting and Email Service

003
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.8597

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Innovative Networks Inc

Mailing Address 1811 Newman Pl

City State Zip Code
Carson City NV 89703

Purpose of Disbursement
Web Hosting and Email Service

003
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.8598

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

Full Name (Last, First, Middle Initial)

A. Innovative Networks Inc

Mailing Address 1811 Newman Pl

City Carson City State NV Zip Code 89703

Purpose of Disbursement
Web Hosting and Email Service

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.8599

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Innovative Networks Inc

Mailing Address 1811 Newman Pl

City Carson City State NV Zip Code 89703

Purpose of Disbursement
Web Hosting and Email Service

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.8600

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. OCG Creative LLC

Mailing Address 780 Smithridge Dr

City Reno State NV Zip Code 89509

Purpose of Disbursement
Website Development

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.8560

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

Full Name (Last, First, Middle Initial)

A. OCG Creative LLC

Mailing Address 780 Smithridge Dr

City Reno State NV Zip Code 89509

Purpose of Disbursement
Website Development

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 01 / 2013

Transaction ID : SB21B.8561

Amount of Each Disbursement this Period

600.00

Full Name (Last, First, Middle Initial)

B. Paramount Communications

Mailing Address Accounting Office 525-K East Marke

City Leesburg State VA Zip Code 20176

Purpose of Disbursement
Email Services

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 08 / 2013

Transaction ID : SB21B.8610

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. PayPal

Mailing Address 2211 N. First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement
Contribution Processing Fee

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 01 / 2013

Transaction ID : SB21B.8616

Amount of Each Disbursement this Period

30.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

3630.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

Full Name (Last, First, Middle Initial)

A. PayPal

Mailing Address 2211 N. First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement
Contribution Processing Fee

003

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 01 / 2013

Transaction ID : SB21B.8615

Amount of Each Disbursement this Period

30.00

Full Name (Last, First, Middle Initial)

B. PayPal

Mailing Address 2211 N. First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement
Contribution Processing Fee

003

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 01 / 2013

Transaction ID : SB21B.8614

Amount of Each Disbursement this Period

30.00

Full Name (Last, First, Middle Initial)

C. PayPal

Mailing Address 2211 N. First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement
Contribution Processing Fee

003

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 01 / 2013

Transaction ID : SB21B.8613

Amount of Each Disbursement this Period

30.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

90.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

Full Name (Last, First, Middle Initial)

A. PayPal

Mailing Address 2211 N. First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement
Contribution Processing Fee

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 02 / 2013

Transaction ID : SB21B.8612

Amount of Each Disbursement this Period

30.00

Full Name (Last, First, Middle Initial)

B. PayPal

Mailing Address 2211 N. First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement
Contribution Processing Fee

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 03 / 2013

Transaction ID : SB21B.8611

Amount of Each Disbursement this Period

30.00

Full Name (Last, First, Middle Initial)

C. PayPal

Mailing Address 2211 N. First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement
Contribution Processing Fee

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 31 / 2013

Transaction ID : SB21B.8573

Amount of Each Disbursement this Period

222.36

SUBTOTAL of Disbursements This Page (optional)..... ▶

282.36

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

Full Name (Last, First, Middle Initial)

A. Precision Strategies

Mailing Address 316 California Ave

City Reno State NV Zip Code 89509

Purpose of Disbursement
Email Service

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2013

Transaction ID : SB21B.8619

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Precision Strategies

Mailing Address 316 California Ave

City Reno State NV Zip Code 89509

Purpose of Disbursement
Email Service

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 15 / 2013

Transaction ID : SB21B.8620

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. Precision Strategies

Mailing Address 316 California Ave

City Reno State NV Zip Code 89509

Purpose of Disbursement
Email Service

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 23 / 2013

Transaction ID : SB21B.8564

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

6000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

Full Name (Last, First, Middle Initial)

A. Precision Strategies

Mailing Address 316 California Ave

City Reno State NV Zip Code 89509

Purpose of Disbursement
Email Service

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 14 / 2013

Transaction ID : SB21B.8621

Amount of Each Disbursement this Period

3800.00

Full Name (Last, First, Middle Initial)

B. Precision Strategies

Mailing Address 316 California Ave

City Reno State NV Zip Code 89509

Purpose of Disbursement
Email Service

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 27 / 2013

Transaction ID : SB21B.8622

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

C. Southwest Airlines

Mailing Address P.O. Box 36647 - 1CR

City Dallas State TX Zip Code 75235

Purpose of Disbursement
Travel Expense

002

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 04 / 2013

Transaction ID : SB21B.8623

Amount of Each Disbursement this Period

5.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

3905.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

Full Name (Last, First, Middle Initial)

A. Tiffany Ruegner

Mailing Address 7233 Dieppe Wy Sacramento, CA 9584

City Sacramento State CA Zip Code 95842

Purpose of Disbursement
Event Supplies and Printing

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2013

Transaction ID : SB21B.8624

Amount of Each Disbursement this Period

765.00

Full Name (Last, First, Middle Initial)

B. Transxt

Mailing Address 190 Monroe Street

City Grand Rapids State MI Zip Code 49503

Purpose of Disbursement
Contribution Processing

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2013

Transaction ID : SB21B.8574

Amount of Each Disbursement this Period

1065.32

Full Name (Last, First, Middle Initial)

C. Tristate Odyssey

Mailing Address 1817 N. Stewart Street, Suite 20

City Carson City State NV Zip Code 89706

Purpose of Disbursement
Management Services

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 05 / 2013

Transaction ID : SB21B.8625

Amount of Each Disbursement this Period

1780.71

SUBTOTAL of Disbursements This Page (optional)..... ▶

3611.03

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

Full Name (Last, First, Middle Initial)

A. Tristate Odyssey

Mailing Address 1817 N. Stewart Street, Suite 20

City Carson City State NV Zip Code 89706

Purpose of Disbursement
Management Services

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 19 / 2013

Transaction ID : SB21B.8565

Amount of Each Disbursement this Period

1780.71

Full Name (Last, First, Middle Initial)

B. Tristate Odyssey

Mailing Address 1817 N. Stewart Street, Suite 20

City Carson City State NV Zip Code 89706

Purpose of Disbursement
Management Services

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 05 / 2013

Transaction ID : SB21B.8626

Amount of Each Disbursement this Period

1834.37

Full Name (Last, First, Middle Initial)

C. Tristate Odyssey

Mailing Address 1817 N. Stewart Street, Suite 20

City Carson City State NV Zip Code 89706

Purpose of Disbursement
Management Services

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 20 / 2013

Transaction ID : SB21B.8627

Amount of Each Disbursement this Period

1780.71

SUBTOTAL of Disbursements This Page (optional)..... ▶

5395.79

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

Full Name (Last, First, Middle Initial)

A. Tristate Odyssey

Mailing Address 1817 N. Stewart Street, Suite 20

City Carson City State NV Zip Code 89706

Purpose of Disbursement
Management Services

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 04 / 2013

Transaction ID : SB21B.8566

Amount of Each Disbursement this Period

1780.71

Full Name (Last, First, Middle Initial)

B. Tristate Odyssey

Mailing Address 1817 N. Stewart Street, Suite 20

City Carson City State NV Zip Code 89706

Purpose of Disbursement
Management Services

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 18 / 2013

Transaction ID : SB21B.8628

Amount of Each Disbursement this Period

1780.71

Full Name (Last, First, Middle Initial)

C. Tristate Odyssey

Mailing Address 1817 N. Stewart Street, Suite 20

City Carson City State NV Zip Code 89706

Purpose of Disbursement
Management Services

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 02 / 2013

Transaction ID : SB21B.8629

Amount of Each Disbursement this Period

1780.71

SUBTOTAL of Disbursements This Page (optional)..... ▶

5342.13

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

Full Name (Last, First, Middle Initial)

A. Tristate Odyssey

Mailing Address 1817 N. Stewart Street, Suite 20

City Carson City State NV Zip Code 89706

Purpose of Disbursement
Management Services

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 17 / 2013

Transaction ID : SB21B.8630

Amount of Each Disbursement this Period

1780.71

Full Name (Last, First, Middle Initial)

B. Tristate Odyssey

Mailing Address 1817 N. Stewart Street, Suite 20

City Carson City State NV Zip Code 89706

Purpose of Disbursement
Management Services

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 05 / 2013

Transaction ID : SB21B.8631

Amount of Each Disbursement this Period

1780.71

Full Name (Last, First, Middle Initial)

C. Tristate Odyssey

Mailing Address 1817 N. Stewart Street, Suite 20

City Carson City State NV Zip Code 89706

Purpose of Disbursement
Management Services

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 18 / 2013

Transaction ID : SB21B.8567

Amount of Each Disbursement this Period

1745.76

SUBTOTAL of Disbursements This Page (optional)..... ▶

5307.18

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

Full Name (Last, First, Middle Initial)

A. Tristate Odyssey

Mailing Address 1817 N. Stewart Street, Suite 20

City Carson City State NV Zip Code 89706

Purpose of Disbursement
Management Services

001

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2013

Transaction ID : SB21B.8632

Amount of Each Disbursement this Period

1755.07

Full Name (Last, First, Middle Initial)

B. Tristate Odyssey

Mailing Address 1817 N. Stewart Street, Suite 20

City Carson City State NV Zip Code 89706

Purpose of Disbursement
Management Services

001

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 19 / 2013

Transaction ID : SB21B.8568

Amount of Each Disbursement this Period

600.00

Full Name (Last, First, Middle Initial)

C. Tristate Odyssey

Mailing Address 1817 N. Stewart Street, Suite 20

City Carson City State NV Zip Code 89706

Purpose of Disbursement
Management Services

001

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 19 / 2013

Transaction ID : SB21B.8633

Amount of Each Disbursement this Period

883.28

SUBTOTAL of Disbursements This Page (optional)..... ▶

3238.35

TOTAL This Period (last page this line number only)..... ▶

41545.65